



May 14, 2015

Nick Cavey
Assistant Director of Government and External Relations
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202

RE: 2017 Benchmark Health Plan

Dear Mr. Cavey:

Thank you for the opportunity to comment on Maryland's 2017 benchmark benefits plan under the Affordable Care Act. The undersigned members of the HAB Coalition would like to focus on comments on the definitional and coverage issues involving the benefit category of "rehabilitative and habilitative services and devices."

The HAB Coalition is a group of national nonprofit consumer and clinical organizations focused on securing appropriate access to, and coverage of, habilitation benefits within the category known as "rehabilitative and habilitative services and devices" in the EHB package under the Patient Protection and Affordable Care Act (ACA), Section 1302.

We request that the Maryland Insurance Administration (MIA), in establishing Maryland's 2017 benchmark health plan, explicitly adopt a habilitative and rehabilitative benefit that complies with the newly-issued federal regulations for this benefit category under the Affordable Care Act. By recognizing these regulations, Maryland will be clarifying coverage of this benefit category consistent with the Centers for Medicare and Medicaid Services' (CMS') February 27 final rule, titled *Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016 – Final Rule* ([The Rule](#)).

Specifically, we request that MIA:

- **Adopt the Rule's definition of habilitation services and devices¹ as the floor in determining coverage for habilitation services and devices for individual and small**

¹ See §156.115(a)(5), page 10871 of [The Rule](#): "Habilitation services and devices— Cover health care services and devices that help a person keep, learn, or improve skills and functioning for daily living (habilitative services). Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings."

employer health insurance plans beginning in 2016. The HAB Coalition believes that adopting a uniform definition minimizes the variability in benefits and uncertainty involving the habilitation benefit. While we support Maryland's explicit adoption of the uniform federal definition, we stress that this definition is a floor for coverage and that the services and devices covered by the habilitation benefit should not be limited to the therapies enumerated in the federal regulation as *examples* of covered benefits.

- **Not impose limits on coverage of habilitative services that are less favorable than any such limits imposed on coverage of rehabilitative services.** This will ensure separate and distinct habilitative and rehabilitative services limits, if any, are applied to these different sets of services based on the needs of individuals receiving them.
- **Do not impose combined limits on habilitative and rehabilitative services and devices.** If states choose to impose limits on these benefits, the federal regulations require separate limits for rehabilitation and habilitation benefits after January 1, 2017.
- **For plan years beginning on or after January 1, 2016, for pediatric services that are required under §156.110(a)(10), provide coverage for enrollees until at least the end of the month in which the enrollee turns 19 years of age.**
- **Does not discriminate based on an individual's age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions.** These nondiscrimination protections are included in the ACA statute at Section 1302 and form the basis for plan benefit design that is equitable and meets the needs of diverse populations. We recommend that MIA further consider these nondiscrimination issues by examining the document found at:
http://www.insurance.ohio.gov/Company/Documents/2015_Non-Discriminatory_Benefit_Design_QHP_Standards.pdf.

We appreciate the opportunity to provide comments on this important topic. Should you have further questions regarding this information, please contact Peter Thomas or Steven Postal, HAB Coalition staff, by emailing them at Peter.Thomas@ppsv.com or Steven.Postal@ppsv.com, respectively, or by calling 202-466-6550.

Sincerely,

American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Association of People with Disabilities
American Association on Health and Disability
American Heart Association / American Stroke Association
American Music Therapy Association
American Network of Community Options and Resources
American Occupational Therapy Association
American Physical Therapy Association

American Speech-Language-Hearing Association
American Therapeutic Recreation Association
Association of University Centers on Disabilities
Autism Speaks
ACCSES
Brain Injury Association of America
Children's Defense Fund
Christopher & Dana Reeve Foundation
Easter Seals
Family Voices
Hearing Loss Association of America
Lakeshore Foundation
Legal Action Center
Lutheran Services of America
Disability Network
March of Dimes
National Association for the Advancement of Orthotics and Prosthetics
National Association of Councils on Developmental Disabilities
National Association of County Behavioral Health and Development Disability Directors
National Association of Social Workers
National Down Syndrome Society
Paralyzed Veterans of America
TASH
United Cerebral Palsy
United Spinal Association